



Iowa Department of Public Health
AmeriCorps Mentoring Program



Date: _____

Enrollment Invitation

Agency Name: _____

Supervisor: _____

Phone: _____

Fax: _____

To: Amanda McCurley, IDPH AmeriCorps Mentoring Program

Phone: 515-281-6283

Fax: 515-281-4535

Applying for: Full Time Half Time Quarter Time

Member Name: _____

Member Birth Date: _____

Member Phone: _____

Member E-mail Address: _____

Member SS#: _____

Member Start Date: _____

Member Completion Date: _____

If you have questions, please call me at 515-281-6283 or email Amanda.McCurley@idph.iowa.gov

Urgent For Review Please Comment Please Reply Please Recycle